

**CDM-MOC-FORM Form: ANNEX 2**

|   |  |                  |
|---|--|------------------|
| <b>Date of submission</b>   |  | 28/05/2010       |
| <b>SECTION 1: PROJECT DETAILS</b>   |  |                  |
| <b>1. Title of the CDM project activity</b>   | Facilitating Reforestation for Guangxi Watershed Management in Pearl River Basin |                  |
| <b>2. Please state reference Number if available</b>  | 0547   |                  |
| <b>SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT</b>   |  |                  |
| <input checked="" type="checkbox"/> <b>Add project participant</b><br><input type="checkbox"/> <b>Change name of project participant</b><br><b>The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the <u>Statement of Agreement</u> of the current modalities of communication.</b> |  |                  |
| <b>Name of the entity:</b><br>Eco-Carbone   |  |                  |
| <b>Party (country that authorised participation):</b><br>France   |  |                  |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>             |                  |
| Last name: Kreiss   | Telephone:   |                  |
| First name: Olivier   | Fax:   |                  |
| Email:  | Address:   |                  |
| Specimen signature:   |  |                  |
| <b>Contact details (alternate authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>             |                  |
| Last name: Bouzanquet   | Telephone:   |                  |
| First name: Thomas  | Fax:   |                  |
| Email:  | Address:   |                  |
| Specimen signature:   |  |                  |
| Signature(s) of designated focal point for scope (b):   |  | Date: .....      |
| Name: .....   |  | Signature: ..... |
| Only one primary or alternate signatory per focal point entity is required.   |  |                  |

Add project participant

Change name of project participant

The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the Statement of Agreement of the current modalities of communication.

**Name of the entity:**

Idemitsu Kosan Co. Ltd.

**Party (country that authorised participation):**

Japan

**Contact details (primary authorized signatory):**

Mr.  Ms.

Last name: Kobayashi

Telephone:

First name: Kan

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.  Ms.

Last name: Koseki

Telephone:

First name: Naoko

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

Only one primary or alternate signatory per focal point entity is required.

Add project participant

Change name of project participant

The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the Statement of Agreement of the current modalities of communication.

**Name of the entity:**

Japan Petroleum Exploration Co., Ltd. (JAPEX)

**Party (country that authorised participation):**

Japan

**Contact details (primary authorized signatory):**

Mr.  Ms.

Last name: Sekine

Telephone:

First name: Kazuo

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.  Ms.

Last name: Hasegawa

Telephone:

First name: Hideo

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

Only one primary or alternate signatory per focal point entity is required.

Add project participant

Change name of project participant

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**Name of the entity:**

The Japan Iron and Steel Federation (JISF)

**Party (country that authorised participation):**

Japan

**Contact details (primary authorized signatory):**

Mr.  Ms.

Last name: Uzawa

Telephone:

First name: Masaharu

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.  Ms.

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

Only one primary or alternate signatory per focal point entity is required.

Add project participant

Change name of project participant

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**Name of the entity:**

Sumitomo Chemical

**Party (country that authorised participation):**

Japan

**Contact details (primary authorized signatory):**

Mr.  Ms.

Last name: Toshimasa

Telephone:

First name: Nakai

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.  Ms.

Last name: Kajiwara

Telephone:

First name: Hiroyuki

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

Only one primary or alternate signatory per focal point entity is required.

Add project participant

Change name of project participant

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**Name of the entity:**

Sumitomo Joint Electric Power Co., Ltd

**Party (country that authorised participation):**

Japan

**Contact details (primary authorized signatory):**

Mr.  Ms.

Last name: Togawa

Telephone:

First name: Hiroaki

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.  Ms.

Last name: Iwasaki

Telephone:

First name: Naohisa

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

Only one primary or alternate signatory per focal point entity is required.

Add project participant

Change name of project participant

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**Name of the entity:**

The Okinawa Electric Power Co., Inc.

**Party (country that authorised participation):**

Japan

**Contact details (primary authorized signatory):**

Mr.  Ms.

Last name: Nakachi

Telephone:

First name: Hiroaki

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.  Ms.

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

Only one primary or alternate signatory per focal point entity is required.

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**Name of the entity:**

The Tokyo Electric Power Co., Inc.

**Party (country that authorised participation):**

Japan

**Contact details (primary authorized signatory):**

Mr.  Ms.

Last name: Kageyama

Telephone:

First name: Yoshihiro

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.  Ms.

Last name: Kimura

Telephone:

First name: Atsushi

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

Only one primary or alternate signatory per focal point entity is required.



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**Name of the entity:**

Government of Luxembourg – Ministry of Sustainable Development and Infrastructure Department of Environment

**Party (country that authorised participation):**

Luxembourg

**Contact details (primary authorized signatory):**

Mr.  Ms.

Last name: Wirtz

Telephone:

First name: Raoul

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.  Ms.

Last name: Haine

Telephone:

First name: Henri

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

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**Name of the entity:**

Government of Canada - Ministry of Foreign Affairs and International Trade

**Party (country that authorised participation):**

Canada

**Contact details (primary authorized signatory):**

Mr.  Ms.

Last name: McCormick

Telephone:

First name: Rachel

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.  Ms.

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date: .....

Name: .....

Signature: .....

Only one primary or alternate signatory per focal point entity is required.